



Editorials

April Special Issue

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Editor

Guest Editors John Racine and Alson Inaba did such a comprehensive job in amassing manuscripts for last month's Special Issue on Clinical Toxicology that we continue Part II with this issue of the Journal. I'll be bringing these two issues together at Kinko's and making it available in my office.

Thanks again to Debbie Ahina, manager of the Poison Control Center, for coordinating the papers for these Journals. Well done!

The Governor's Blue-Ribbon Panel on Living and Dying with Dignity

For more than a year, the Governor's Blue-Ribbon Panel, headed by Hideto Kono, has been conducting monthly meetings. The Panel was charged by Governor Cayetano to make recommendations to him about the increasing problems of living and dying with dignity. The Panel has taken into consideration the medical, legal, financial, ethical and spiritual dynamics related to the dying process.

During this period of listening to and gathering testimony from professionals and the public, we have concluded that too many people face unnecessarily a lingering, painful and undignified death. The Panel has offered several unanimous recommendations:

- That spiritual counseling be made available to individuals who are afflicted with life-threatening illnesses by integrating those services more fully into the health care system.
- That the public and healthcare professional education programs be designed and implemented to increase awareness of the choices available to the dying.
- That the content of Advance Directives for Healthcare, including the Living Will, be made more specific, their provisions more binding, and their use more widespread.
- That Hospice care be made more widely available, and offered more expediently to the dying.
- That effective pain management and additional symptom control be required in all licensed healthcare institutions.
- That involuntary euthanasia continue to be a punishable crime.

The recommendations about DADD (Doctor Assisted Death with Dignity) are still being reviewed by the Panel. We live in a pluralistic society, with many cultural and religious perspective. While we must be careful not to impose our beliefs and mores on others, I feel very strongly that our patients deserve the right to choose their own end-of-life decisions.

I recently returned from a meeting of Hemlock USA Board of Directors in San Diego. Hemlock USA and Hemlock Hawaii support most of the Panel's recommendations, and eagerly await the report to our Governor.

While several bills in support of DADD have been submitted to our legislators, unfortunately this will not be the year to get any of

these passed! It is very important that we continue our efforts to make our legislators aware of the problems of living and dying with dignity. A referendum should be very helpful, but this is also unlikely this year.

Leonard Howard MD, President of the Hawaii Medical Association, recently asked our members to complete a questionnaire on the subject of DADD. The survey is still being tabulated. Letters to the Editor will also be very helpful - pro or con. Let us hear from you.



President's Message

Leonard Howard MD

As I spend more time talking to physicians in the trenches, I am struck with two thoughts that are quite related. The first is the importance of getting information out to our members about hot topics and relevant items. Part of advocacy and representation is dissemination of information. We are attempting to do this by means of the newsletter, infofaxes to the county presidents and special mailings of high priority items direct to members.

Unfortunately, what I am also hearing is that our members are still not getting the information. Either they are not reading the newsletters or they are not attending the county meetings so the critical information can be passed on. I talked to one physician about the PGMA suit. He was not sure if he had responded to our information about the group suit or not. Others said they knew nothing about the action. This is despite two separate mailings about the problem and our proposed solution.

I would like to make this perfectly clear. We cannot accomplish actions on your behalf unless you are willing to do your part in responding to the mailings. We attempted to survey the members about their opinion on legislation allowing physician assisted suicide, and received less than fifty replies from the fifteen hundred sent out. This indicates to me a lack of interest in the issue, and we will allow the legislative committee to determine our position on the bill.

You have heard this before, but I am going to repeat it because I want our trial with vote-by-mail to be valid. **The process requires that 25% of the votes be returned in order to make a quorum.** Don't set the envelope aside for a later time. That time will never come and the envelope will get buried on your desk. Forgive me for preaching, but the election of next year's officers is one of the most important tasks we have to do. Take your vote seriously. Respond to requests for information. That is the only way we can truly represent you. In Unity there is Strength!

